	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448051	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name: Person USAC should contact with questions about this data	Rhonda R. Thomas	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4253834215 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	rhonda.thomas63@t-mobile.com	
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents file		(041> (040> (041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
	<043> Cite the date of the Form 481 reporting		<043>
<050>	<u>Carrier Contact Information</u> (has the contact info. cha	nged since prior filing? Yes or No)	$\bigcirc$ $\bigcirc$
		(If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	<u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	$\bigcirc$ $\bigcirc$
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (comp.	lete attached certification)	<101>
	<102> Agent Certification (comp.	lete attached certification)	<102>

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448051	
<010> <015>	Study Area Name		T-Mobile West LLC	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this	s data	Rhonda R. Thomas	
<035>	Contact Telephone Number - Number of person identified	in data line <030>	4253834215 ext.	
<039>	Contact Email Address - Email Address of person identified	l in data line <030>	rhonda.thomas63@t-mobile.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number			
<111>	Filing Carrier Name			
<112>	Winning Bidder Carrier Name			
<113>	Street Address (or PO Box)			
<114>	City			
<115>	State			
	<del>-</del>			
<116>	Zip-Code			
<117>	Telephone Number			
<118>	Fax Number			
<119>	Email Address			
<120> <121> <122> <122> <123> <124> <125> <126> <127> <126> <127> <127> <128>	if same as above, indicate in this box  Name (First, MI, Last, Suffix)  Filing Carrier Name  Street Address (or PO Box)  City  State  Zip-Code  Telephone Number  Fax Number  Email Address			
	d Agent Information if no agent, indicate in this box			
<120>	Name (First, MI, Last, Suffix)			
<121>	Company			
<122>	Street Address (or PO Box)			_
<123>	City			
<124>	State			
<125>	Zip-Code			
<126>	Telephone Number			
<127>	Fax Number			
<128>	Email Address			
\1ZU/	Email Addition			

(060) Co	verage and	Performance	Report								FCC Form Ap proved OMB Conf Page 3 of	d by OM trol No.	B 3060-1185
<010>	Study Area Code 448051												
<015>		ea Name						le West I	LLC				
<020>	Program						2014	D					
<030>				contact regarding	_			R. Thoma					
<035> <039>		•		r of person ident s of person ident			10302	thomas63	: B@t-mobile	COM			
<0332	Contact	Liliali Address	s - Liliali Addres	is of person ident	illeu III uata	i iiiie	(030) Inonau	. 0110.11.00					
<140>	Coverage	e and Perform	nance Report Ye	ear 06/2013	- 12/2013								
						44805	51_CPRd_TX.zip						
		Electro	onic Shapefiles a	attachments	L	Name	of Attached Docum	ment (.zip)					
		Drive	Test Results att	achments									
						Vame (	of Attached Docum	nent (.zip)					
		Scattered Site Test Results attachments			ts								
	Stattered Site rest Results attac				L	Name of Attached Document (.zip)							
<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>		<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>	<e></e>	<f></f>
											Cortifu	Certify	
											Certify that	that Drive	
										Total	Electron		
									Road	Road	ic	Result	
								Road	Miles per	Miles	1	s are	Certify that
					Resident		Total Resident	Miles	Census	covered			Scattered
				Resident	Population		Population	per	Block	per	uploade		Site Tests are
				Population per		ched	Reached by	Census	Newly	Census	d	I	uploaded
	State	County	Census Block	Census Block	by Service		Service	Block	Reached	Block	(yes/no)	0)	(yes/no)
		+							1				
				(	See atta	ach	ed works	heet					
									<u>L</u>				
				0	Ì				0		Ī		
							_						
			age of Total				Percentage						
			Reached by rvice				Road Miles o						

(070) Urb	an Rate Comparability Certification Compliance		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448051	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	·
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas	·
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com	

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)						
l certify that I am an officer or employee o form and in any attachments is accurate.	certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: T-Mc	obile West LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 07/29/2014				
Printed name of Authorized Officer:	Christopher Miller					
Title or position of Authorized Officer:	VP, Tax					
Telephone number of Authorized Officer:	4253834000 ext.					
Study Area Code of Reporting Carrier:	448051	Filing Due Date for this form: 07/31/2014				
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.						

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to auth	orize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting			
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
Printed name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form can l	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authori	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on			
data provided by the reporting carrier; and, to the best of m	nowledge, the information reported herein is accurate.			
Name of Reporting Carrier:				
Name of Authorized Agent or Employee of Agent:				
Signature of Authorized Agent or Employee of Agent: Date:				
Printed name of Authorized Agent or Employee of Agent:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Agen				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form can	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

(080) Triba	l Lands Reporting				FCC Form 690 Approved by OMB
					OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448051		
<015>	Study Area Rome		T-Mobile	West LLC	
<020>	Program Year		2014		
<030>	Contact Name - Person USAC should contact regarding t		Rhonda R.	Thomas	
<035> <039>	Contact Telephone Number - Number of person identific Contact Email Address - Email Address of person identifi		1020:		
<142>	State		rhonda.th	omas63@t-mobile.com	
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
	· ·				
<145>	Tribal Government Engagement Obligation				
		Name of Attache	d Document (.pdf)		
	If your company serves Tribal lands, please select (Yes,N each of these boxes to confirm the status described on t PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached			
			Select (Yes,No, NA)		
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal			
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				
<152>	Compliance with Environmental Review processes				
<153>	Compliance with Cultural Preservation review processes				
<154>	Compliance with Tribal Business and Licensing requirem	ents			

<217> Project Plan Status

(090) Project	t Update Information	FCC Form 690
(333,		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448051
<015>	Study Area Name	T-Mobile West LLC
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding this data	2014
<035>	Contact Telephone Number - Number of person identified in data line <030>	Rhonda R. Thomas
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<200>	Date Authorized to Receive Support	06/24/2013
<201>	Targeted Completion Date	06/24/2015
<202>	Total Mobility Fund Support Awarded	8614214.16
<203>	Total Mobility Fund Support Disbursed	2871404.72
<204>	Support Applied to Network Design	2757006.28
<205>	Support Applied to Construction	0.0
<206>	Support Applied to Deployment	114398.44
<207>	Support Applied to Maintenance	0.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<ul><li>O</li></ul>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	$\bigcirc$ $\bigcirc$
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	448051_PSD_TX.pdf
		(Aloues of DDF etherland)
	Please check these boxes below to confirm that the attached PDF, on line	{Name of PDF attached}
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	<b>✓</b>
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓

(101) Cert	tification - Reporting Carrier		FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185
			Page 7 of 8
<010>	Study Area Code	448051	
<015>	Study Area Name	T-Mobile West LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com	

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the

best of my knowledge, the information reported on this form and in any attachments is accurate. T-Mobile West LLC Name of Reporting Carrier: CERTIFIED ONLINE Date 07/29/2014 Signature of Authorized Officer: Christopher Miller Printed name of Authorized Officer: VP, Tax Title or position of Authorized Officer: 4253834000 ext. Telephone number of Authorized Officer: 448051 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier		FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 8 of 8
<010> Study Area Code	448051	
0.1.		

<010>	Study Area Code	448051
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting carrier. I s include ensuring the accuracy of the annual data reporting requirements provided to the authorized the authorized agent is accurate.
Date:
Filing Due Date for this form:

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier				
	ted to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data rrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:				
Name of Authorized Agent or Employee of Agent:				
Signature of Authorized Agent or Employee of Agent:	Date:			
Printed name of Authorized Agent or Employee of Agent:				
Title or position of Authorized Agent or Employee of Agen				
The or position of Authorized Agent of Employee of Agen				
Telephone number of Authorized Agent or Employee of Agent	t:			

# **Attachments**

(060) Coverage and Performance Report	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185

<010>	Study Area Code	448051
<015>	Study Area Name	T-Mobile West LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Rhonda R. Thomas
<035>	Contact Telephone Number - Number of person identified in data line <030>	4253834215 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	rhonda.thomas63@t-mobile.com
<140>	Coverage and Performance Report Year	06/2013 - 12/2013

<a1> <a2> <b1> <b2> <b3> <141> <a3> <c1> <c2> <c3> <f> Certify that Certify that Certify that Road Miles Resident Total Resident **Total Road** Electronic Drive Test Scattered Site Resident Population Population Road Miles per Census Miles Shapefiles are Results are Tests are Population per Newly Reached Reached by per Census Block Newly covered per uploaded uploaded uploaded Census Block Census Block Block Reached Census Block (yes/no) (yes/no) (yes/no) State County by Service Service 

> Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

0			